



Kentucky Transportation Cabinet
Division of Right of Way and Utilities

TC 69-12
10/2011

REQUEST FOR UTILITIES INVOLVEMENT FOR NON-RHP PROJECTS

INSTRUCTIONS

- This form is intended to request Utilities Section involvement on projects that don't originate in Kentucky's Recommended Highway Plan, and for projects that don't follow typical project development processes. Sample projects include, but are not limited to, HSIP and Project Delivery & Preservation projects.
- Please provide this completed form to the District Utility Supervisor (DUS) with needed project deliverables for Utilities Section involvement to commence.

GENERAL PROJECT INFORMATION

County: _____

Route/ Road Name: _____

Mile Point _____ to Mile Point _____

Proposed Letting Date: _____ (M/d/yyyy format)

Billable Funding Line (i.e. FEO1): _____

Brief Project Description: this box will accept up to 45 characters

Railroad Involvement: ☐ Yes ☐ No

PROJECT SCOPE

Type of Project (The DUS needs the project purpose and functions. Check all that apply.)

<input type="checkbox"/> Geotechnical	<input type="checkbox"/> Slide Repair	<input type="checkbox"/> Embankment Replacement		
<input type="checkbox"/> Guardrail	<input type="checkbox"/> In Situ Repair	<input type="checkbox"/> Replacement	<input type="checkbox"/> New Construction	<input type="checkbox"/> Relocation
<input type="checkbox"/> Pavement	<input type="checkbox"/> Resurfacing (overlay)	<input type="checkbox"/> Pavement Addition	<input type="checkbox"/> Full Depth Pavement Replacement	
	<input type="checkbox"/> JPC Repair	<input type="checkbox"/> JPC Replacement	<input type="checkbox"/> Partial Depth Pavement Replacement	
<input type="checkbox"/> Drainage	<input type="checkbox"/> Culvert Repair	<input type="checkbox"/> Storm Drain Repair	<input type="checkbox"/> Open Channel Repair	
	<input type="checkbox"/> Culvert Replacement	<input type="checkbox"/> Storm Drain Replacement	<input type="checkbox"/> Open Channel Replacement	
	<input type="checkbox"/> Relocation	<input type="checkbox"/> New Storm Drain/Extension	<input type="checkbox"/> New Open Channel/Extension	
<input type="checkbox"/> Structure	<input type="checkbox"/> Bridge Repair	<input type="checkbox"/> Bridge Replacement	<input type="checkbox"/> Other explain w/ up to 45 characters	
<input type="checkbox"/> Electrical Device	<input type="checkbox"/> In Situ Repair	<input type="checkbox"/> Replacement	<input type="checkbox"/> Relocation	<input type="checkbox"/> New Lighting/Signals
<input type="checkbox"/> Signage	<input type="checkbox"/> In Situ Repair	<input type="checkbox"/> Replacement	<input type="checkbox"/> Relocation	<input type="checkbox"/> New Signage

Notable Project Features (The DUS needs approx. locations of features that may impact utilities in the area. Describe all that apply.)

<input type="checkbox"/> Cut location: _____ depth: _____	<input type="checkbox"/> Lighting location: _____ type: _____	<input type="checkbox"/> Tree Trimming location: _____
<input type="checkbox"/> Fill location: _____ depth: _____	<input type="checkbox"/> Signals location: _____ type: _____	<input type="checkbox"/> Tree Removal location: _____
<input type="checkbox"/> Signage location: _____ type: _____	<input type="checkbox"/> Other location: _____ type: _____	<input type="checkbox"/> Grind <input type="checkbox"/> Stump Removal

DELIVERABLES (Attach all available items with this form)

1. Scope Map – aerial Plan view with the project bounds, minimally. Location of proposed work and additional detail is desirable. Notable Project Features should be located and defined.

2. Site Summary – a brief description of work proposed that may provide the DUS insight regarding the location of work and impact potential to overhead and underground utilities.

3. Estimate – the project construction estimate

REQUESTS (Work to be performed by the DUS, as requested by Project Manager)

Yes No

☐ ☐ **Site Visit** Proposed Date: _____ (M/d/yyyy format)

☐ ☐ **Utility Impact Notes** Proposed Submission Date: _____ (M/d/yyyy format)

☐ ☐ **Inventory of Ex-Utility Facilities in the area** Proposed Date: _____ (M/d/yyyy format)

Sent by:

Signature: _____

Printed Name: _____

Received by:

Signature: _____

Printed Name: _____